

**FACILITIES ENGINEERING DEPARTMENT
USER EVALUATION OF CONSTRUCTION WORK**

Please take a moment of your time to evaluate the work performed under the contract / FWR listed below.

Contract / FWR Number: _____ Building: _____	YES	NO
Contract / FWR Title: _____		
Were you satisfied with the quality of the work?		
Was the work performed in time to support your needs?		
Were disruptions minimized, as much as practical, during the construction phase?		
If you answered <i>NO</i> to any question, please take a moment to share your comments below:		

Your feedback is the best measure we have of customer satisfaction. Through your comments and suggestions we strive to continually improve the way we meet your facility needs. Please drop this pre-addressed card in the Center mail. *Thank you.*

Name: _____ (Optional) Date: _____